



**LAUGHING HORSE  
PRODUCTIONS INC.**  
ABN: 25 783 383 570

## APPLICATION TO DIRECT/SHOW SUBMISSION

### DIRECTOR

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone 1) \_\_\_\_\_ 2) \_\_\_\_\_

Most recent shows you have directed/produced (*incl year and location*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PRODUCTION

Title \_\_\_\_\_

Playwright \_\_\_\_\_

Music By (*if applicable*) \_\_\_\_\_

Rights Provider \_\_\_\_\_

Cost of Rights/Royalties (*for full-length productions calculate based on 5 performances for play or 9 performances for musical. If unsure of costing, contact rights provider. You must at least provide figure for rights and formula for calculating royalties*)

Type of Show      Musical      Play      One Act      Children's      Other \_\_\_\_\_

Preferred Performance Dates \_\_\_\_\_

Preferred audition Date(s) \_\_\_\_\_

Preferred rehearsal times \_\_\_\_\_

Do you want your show entered in the Finley Awards?      Yes      No

Enquiries: [submissions@laughinghorse.asn.au](mailto:submissions@laughinghorse.asn.au)

Please send this completed form with a copy of the script/libretto to  
Laughing Horse Productions Inc; PO Box 1578, East Victoria Park WA 6981  
Or the email address above

Submissions can be made at anytime throughout the year  
Feedback will come after the following committee meeting - this may take up to 2 months

Character List

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note 1: If your production contains children under 18 years of age, the director and musical director (if musical) will be required to have a Working with Children Check.

Note 2: All cast and crew will be required to be members of Laughing Horse Productions for insurance purposes

Brief Synopsis

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What type of music do you require?  Recorded  Live Band Size \_\_\_\_\_

Any special requirements? (eg lights, sound effects) \_\_\_\_\_

\_\_\_\_\_

LAUGHING HORSE

\_\_\_\_\_

PRODUCTIONS INC.

\_\_\_\_\_

Why would you like to direct this show?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Enquiries: [submissions@laughinghorse.asn.au](mailto:submissions@laughinghorse.asn.au)  
 Please send this completed form with a copy of the script/libretto to  
 Laughing Horse Productions Inc; PO Box 1578, East Victoria Park WA 6981  
 Or the email address above  
 Submissions can be made at anytime throughout the year  
 Feedback will come after the following committee meeting – this may take up to 2 months

**PRODUCTION TEAM** (if already chosen) Note: LHP artistic director will liaise with team

Stage Manager \_\_\_\_\_ Musical Director \_\_\_\_\_  
 Set designer \_\_\_\_\_ Choreographer \_\_\_\_\_  
 Props \_\_\_\_\_ Costumes \_\_\_\_\_  
 Sound \_\_\_\_\_ Lighting \_\_\_\_\_

**ESTIMATED BUDGET**

Script	<input type="checkbox"/> Hire or <input type="checkbox"/> Purchase	\$
Royalties		\$
Props		\$
Costumes		\$
Sets		\$
Lighting & Special Effects		\$
Music – backing tracks		\$
Other (please specify)		\$
Theatre/Venue Name:		\$
Program		\$
Publicity		\$
	<b>Total</b>	\$

**Please approach any committee member if you require assistance with any part of this form. Only completed forms, with full or sample script, will be considered.**

Enquiries: [submissions@laughinghorse.asn.au](mailto:submissions@laughinghorse.asn.au)

Please send this completed form with a copy of the script/libretto to  
 Laughing Horse Productions Inc; PO Box 1578, East Victoria Park WA 6981  
 Or the email address above

Submissions can be made at anytime throughout the year  
 Feedback will come after the following committee meeting – this may take up to 2 months